11089

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH · COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely — LENGTH OF STAY (in this place): 40 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Henry	(Last) Brooks	4. DATE OF DEATH	(Month) 11	(Day) 6	(Year) 50
5. SEX: Male	6. COLOR OR RACE: Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 3/8/1871	9. AGE last birthday: 79 yrs.	If under 1 year: Months, Days	If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laboror	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY: U.S.A.				
13. FATHER'S NAME: David Brooks	14. MOTHER'S MAIDEN NAME: Isabell Brooks						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Burton Brooks 100W. 119 St. N.Y.City					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to Nov. 6, 1950, that I last saw the deceased alive on Nov. 6, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H. Stonecifer M.D. ADDRESS Greensboro Md DATE SIGNED Nov 7 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 11/9/50	NAME OF CEMETERY OR CREMATORY: Denton	LOCATION (City, town, or county) (State): Denton, Maryland
DATE REC'D BY LOCAL REG. 11-9-1950	REGISTRAR'S SIGNATURE: Mary E. Laird	24. FUNERAL DIRECTOR: R.B. Rawlings Greensboro, Md.	ADDRESS

86600

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11090

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro — LENGTH OF STAY (in this place): 8 mts.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dennis Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely Md.
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) Ovla (Middle) D (Last) Cherry
4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 31/1903
9. AGE last birthday: 47 yrs. — If under 1 year: Months 2, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ridgely Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Smith
14. MOTHER'S MAIDEN NAME: May Edge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If year, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS: Orvil Cherry Ridgely Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple Sclerosis

345X Antecedent cause(s)

87d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 5, 1950, to Nov. 11, 1950, that I last saw the deceased alive on Nov. 10, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Claude H. Stone Jr. M.D. — ADDRESS: Greensboro Md — DATE SIGNED: Nov 14 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Nov. 14/1950 — NAME OF CEMETERY OR CREMATORY: Greensboro — LOCATION (City, town, or county): Greensboro (State): Md

DATE REC'D BY LOCAL REG.: Nov 13-1950 — REGISTRAR'S SIGNATURE: L. Mae Pippin — 24. FUNERAL DIRECTOR: Raymond B. Rawlings — ADDRESS: Greensboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 17 1950

11091

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carolin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) T (Last) Edwards

4. DATE OF DEATH (Month) Nov, (Day) 19, (Year) 50

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Jan, 3, 1870

9. AGE last birthday 80 yrs. If under 1 year Months 10 Days 16 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer owner

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Kent Co. Delaware

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Edwards

14. MOTHER'S MAIDEN NAME Sophia Eveland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT AND ADDRESS John Wyatt, Greensboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic nephritis

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 16, 1950, to Nov. 19, 1950, that I last saw the deceased alive on Nov. 18, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Charles H Stoneafer (Degree or title) MD ADDRESS Greensboro Md DATE SIGNED Nov 22 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Nov. 23/1950 NAME OF CEMETERY OR CREMATORY Greensboro LOCATION (City, town, or county) Greensboro (State) Md

DATE REC'D BY LOCAL REG. Nov. 22-1950 REGISTRAR'S SIGNATURE L. Mae Pippin

24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 28 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

11092

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Caroline; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston - Rural
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Mt. Pleasant

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston - Rural
STREET ADDRESS (If rural, give location): Near Mt. Pleasant

3. NAME OF DECEASED (Type or Print): (First) Arzella (Middle) M. (Last) Foster

4. DATE OF DEATH: (Month) November (Day) 10 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: About 1878

9. AGE last birthday: About 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Murray

14. MOTHER'S MAIDEN NAME: Sarah Jane Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mabel J. Green, Preston, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Hemorrhage	40 minut
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Pulmonary Infarction	1 Hr
	(c) Hypertensive Cardiovascular disease	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/29, 1950, to 11/10, 1950, that I last saw the deceased alive on 10/17, 1950, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

SIGNATURE: Cornelia B. Plummer (Degree or title): M.D. ADDRESS: Preston, Maryland DATE SIGNED: 11/13/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov. 14, 1950
NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cemetery
LOCATION (City, town, or county) (State): Near Preston, Maryland

DATE REC'D BY LOCAL REG.: 11/13/50
REGISTRAR'S SIGNATURE: Cornelia B. Plummer
24. FUNERAL DIRECTOR: J. J. Frampton and Son, ADDRESS: Federalsburg, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11093

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) ORA M (Last) GREGG

4. DATE OF DEATH (Month) Nov (Day) 29 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH May 1, 1873

9. AGE last birthday 77 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stock broker

10b. KIND OF BUSINESS OR INDUSTRY brokerage

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Oran Gregg

14. MOTHER'S MAIDEN NAME Elizabeth Kersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Charles Gregg, Greensboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach

151X Antecedent cause(s)

46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Paralysis Agitans.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1950, to Nov. 29, 1950, that I last saw the deceased alive on Nov. 29, 1950, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE Charles H. Stoner for M.D. (Degree or title) ADDRESS Greensboro Md DATE SIGNED Nov 30 1950

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE Dec. 1st 1950

NAME OF CEMETERY OR CREMATORY Silverbrook Crematory

LOCATION (City, town, or county) (State) Wilmington, Del.

DATE REC'D BY LOCAL REG. Dec. 1-1950

REGISTRAR'S SIGNATURE L. Mae Pippin

24. FUNERAL DIRECTOR Virgil Moore, Denton, Md ADDRESS

15684

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 4 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11094

CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Caroline — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Greensboro — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Greensboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	Wallace	Harper	11	26	50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	12/12/1887	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Owner	None	Maryland	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Harper	Clara Satterfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Walace Harper Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Primary carcinoma of Pancreas with Metastasis to Liver.

157 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Oct. 11, 1950	Exploratory Laparotomy	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 5, 1950, to Nov. 26 1950, that I last saw the deceased alive on Nov. 25, 1950, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Clark H. Reeves M.D.	Greensboro Md	Nov 28 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/29/50	Greensboro	Greensboro, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 28-1950	L. MacPippin	R.B. Rawlings	Greensboro Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11095

Reg. Dist. No. 60

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Goldsboro
LENGTH OF STAY (in this place) 27 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Goldsboro
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) Samuel (Last) Harrington

4. DATE OF DEATH: (Month) 11 (Day) 30 (Year) 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/13/1898

9. AGE last birthday: 52 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Harrington

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. 217-28-2618

17. INFORMANT AND ADDRESS: Mildred Harrington, Goldsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 5, 1950 to Nov. 30, 1950, that I last saw the deceased alive on Nov. 29, 1950, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clark & Smith M.D. Greensboro Md Dec 2 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12/3/50 — NAME OF CEMETERY OR CREMATORY: Greensboro — LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG. 12/2/50 — REGISTRAR'S SIGNATURE: R Clark Smith

24. FUNERAL DIRECTOR: R.B. Rawlings — ADDRESS: Greensboro, Md.

VS. A15

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JAN 10 1951
BUREAU V. S

11096

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH- COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marydel — LENGTH OF STAY (In this place): 3 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marydel
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Olin (Last) Hummer

4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 50 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/20/1886

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Painter

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hartley, Delaware

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Lowell N. Hummer

14. MOTHER'S MAIDEN NAME: Fannie Temple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 222-09-8587

17. INFORMANT AND ADDRESS: Mary A. Hummer Marydel, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro malacia — 3 yrs.

334X Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Several yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to 11/21, 1950, that I last saw the deceased alive on 11/20, 1950, and that death occurred at 9:15P.m., from the causes and on the date stated above.

SIGNATURE: E. H. Mueller (Degree or title) M.D. — ADDRESS: Dover, Del. — DATE SIGNED: 11/24/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11/26/50 — NAME OF CEMETERY OR CREMATORY: Templeville — LOCATION (City, town, or county) (State): Templeville, Md.

DATE REC'D BY LOCAL REG.: 11/25/50 — REGISTRAR'S SIGNATURE: A Clark Smith — 24. FUNERAL DIRECTOR: R. B. Rawlings — ADDRESS: Greensboro, Md.

34049

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 6 1950
BUREAU V. S

11097

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ridgely
LENGTH OF STAY (in this place) 8 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ridgely
STREET ADDRESS (If rural, give location) John S. Skinner Farm

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): AUGUST MICHAEL KRAUSE
4. DATE OF DEATH (Month) (Day) (Year): NOV. 23 1950

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Aug. 23, 1876
9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer Tenant farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): STUTTGART, GERMANY
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: AUGUST M. KRAUSE
14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: DAUGHTER MRS. JOHN S. SKINNER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cancer of the esophagus	15 mos
150X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46a	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic cancer of the mediastinum and of the liver

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 1950, to Nov. 23, 1950, that I last saw the deceased alive on Nov. 23, 1950, and that death occurred at 10 10 m., from the causes and on the date stated above.

SIGNATURE: Kurt Lederer (Degree or title) M.D. ADDRESS: Queen Anne Md. DATE SIGNED: Nov. 24, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov. 26-50
NAME OF CEMETERY OR CREMATORY: Chesterfield
LOCATION (City, town, or county) (State): Centreville, Maryland

DATE REC'D BY LOCAL REG.: Nov. 25, 1950
REGISTRAR'S SIGNATURE: Mary E. Laird
24. FUNERAL DIRECTOR: Barton Bros ADDRESS: Centreville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

11098

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS West Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) West Central Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Dey)	(Year)
W.	Russell	Morgan	November	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Dec. 29, 1899	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baby Chick Salesman	Baby Chicks	Caroline County, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Algie B. Morgan	Bertie Dukes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	216-05-5235	Mrs. Mamie Morgan, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis.	15 Min.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Coronary Occlusion 1st attack	1949
	(c) Arteriosclerotic Heart Disease	Aug 1949

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, ferm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 25th, 1949, to NOV 25, 1950, that I last saw the deceased alive on NOV 25, 1950, and that death occurred at 7:55 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. E. Lemmon	M.D.	Federalsburg,, Maryland	11/27/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 27. 1950	Hill Crest Cemetery	Federalsburg,, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
November 27, 1950	J. J. Frampton	J.J. Frampton and Son, Federalsburg,, Md.

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DEC 9 1950
BUREAU V. E

MARYLAND STATE DEPARTMENT OF HEALTH

11099

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Goldsboro
LENGTH OF STAY (in this place): 60 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Goldsboro
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Rogers
4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 50

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2/11/1875
9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Lewis, Delaware
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: No Record
14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Wilamena Rogers Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Passive Congestion — 14 days
433.1 Antecedent cause(s)
95a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auricular Fibrillation — unknown
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1950, to Nov. 28, 1950, that I last saw the deceased alive on Nov. 28, 1950, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Robert A. Wright, M.D. | Greensboro, Md. | Nov 30 1950.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 12/1/50 | NAME OF CEMETERY OR CREMATORY: Union | LOCATION (City, town, or county) (State): Near Goldsboro, Md

DATE REC'D BY LOCAL REG.: 11/30/50 | REGISTRAR'S SIGNATURE: A A Smith | 24. FUNERAL DIRECTOR. ADDRESS: R.B. Rawlings, Greensboro, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH · COUNTY: Caroline — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston-Rural — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)	(First) Albert	(Middle) Thomas	(Last) Wood	4. DATE OF DEATH	(Month) 11	(Day) 5	(Year) 1950
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower	8. DATE OF BIRTH: 12/13/1881	9. AGE last birthday: 69 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mason	10b. KIND OF BUSINESS OR INDUSTRY: Self	11. BIRTHPLACE (State or foreign country): England	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Albert Oliver Wood	14. MOTHER'S MAIDEN NAME: Cora Abbie Fuller						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Mr. Thomas Manderville Wood, Preston, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Carcinomatosis	4 wks
140X Antecedent cause(s)		
45a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Squammous cell Carcinomaof lower Lip	6 mos
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1950, to 11/5, 1950, that I last saw the deceased alive on 11/2/, 1950, and that death occurred at 9:40P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Luig B Plummer	M.D.	Preston Maryland	November 6, 1950

23. BURIAL, CREMATION REMOVAL (Specify): B	DATE: 11/9/50	NAME OF CEMETERY OR CREMATORY: Jr. O. U. A. M.	LOCATION (City, town, or county) (State): Preston, Md.
DATE REC'D BY LOCAL REG.: 11/6/50	REGISTRAR'S SIGNATURE: Cornelia D. Plummer	24. FUNERAL DIRECTOR: H.M.Hollis	ADDRESS: Preston, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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